



Critical Connections in Co-Occurring Treatment National Conference Contract

Contact Information

----- Name	----- Title
----- Company Name	
----- Address	
----- City/State/Zip	
----- Telephone Number	----- Fax Number
----- Email Address	

Levels of Participation

- ☐ **Exhibitor – \$800** Exhibitors are provided with prime exhibit space and **two (2) complimentary conference registrations** to share with your staff. Your agency will be highlighted on written material as an exhibitor. You will receive free advertising with a text link on our website, www.dualdiagnosis.org.
- ☐ **Sponsor – \$1,500** In addition to the benefits listed above, you will be listed as a sponsor in our conference brochure. Your agency will be highlighted throughout the conference on written material and signage as a sponsor. You receive complimentary exhibit space and **four (4) conference registrations** to share with your staff. You will receive a small banner link on our website, www.dualdiagnosis.org.
- ☐ **Co-Host – \$5,000** In addition to the benefits listed above, you will be listed in our conference brochure as a Co-Host. As a Co-Host, your agency will be highlighted throughout the conference on written materials and signage. You

receive complimentary exhibit space and **twelve (12) conference registrations** to share with your staff. You will receive a **full size banner ad** on our website, www.dualdiagnosis.org.

- ☐ **Presenting Sponsor – \$10,000** Includes all benefits above as well as the lead position in overall web-based advertising and on-site promotion. You will receive **twenty four (24) conference registrations**. You will receive a prominent banner-link on each attendee's registration URL as well as a full size banner ad on our website, www.dualdiagnosis.org.

Additional Sponsorship Opportunities

- ☐ **Logo on Conference Mailings** – Exhibitors are listed by name; Sponsors, Co-Hosts, and Presenting Sponsors feature color logos (**150,000** initial and **90,000** territory-specific conference brochures mailed to selected recipients)
- ☐ **E-Workbook Advertisement (downloadable from PDF file)**
- Full page – \$250
 - Half page – \$150
 - Quarter page – \$75
- ☐ **Personalized URL Website Advertisement – \$300**

Location(s). 2005 conference sites in which I will be participating:

- | | | |
|---|-----------------------------|-----------------------------|
| <input type="checkbox"/> Los Angeles, CA | Hilton Universal City | Feb. 7, 8, & 9, 2005 |
| <input type="checkbox"/> Knoxville, TN Hilton | Knoxville Downtown | Mar. 30, 31, & Apr. 1, 2005 |
| <input type="checkbox"/> Baltimore, Maryland | Sheraton Inner Harbor Hotel | Aug. 29, 30, & 31, 2005 |

Other Information

Who will be monitoring your exhibit booth at the conference?

Name Title

Complimentary Registration Recipients – PLEASE *REGISTER ONLINE* using URL webpage

Will you require an electrical outlet for your exhibit space? ____Yes ____No
(Billed through the hotel)

Would you like to contribute a door prize? ____Yes ____No
(To be awarded during the Conference Trivia Game)

If yes, please describe: -----

In order to best represent your organization in our printed material, please submit all logos at 300 dpi resolution. We can accept most formats of artwork and logos. It is important that the submission guidelines are met to ensure a quality representation of your agency's name.

Method of Payment

- ☐ Check made payable to Foundations Associates
- ☐ Credit Card
- ☐ Visa ☐ Master Card ☐ American Express ☐ Discover ☐ Diners Club

Credit Card # _____ Expiration Date _____

Signature of Agency Representative Authorizing Payment

Title

Please forward this contract with payment to:

Jesse Fortner
Marketing Associate, *Conference Exhibitors*
Foundations Associates
220 Venture Circle
Nashville, TN 37228
Toll-free: 1-888-869-9230, ext. 267 Direct: (615) 312-1462
Fax: (615) 345-3200
Email: JFortner@dualdiagnosis.org